

MDR Tracking Number: M5-04-4077-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 7-28-04.

The requester has withdrawn CPT code 97110 for dates of service 8-4-03, 8-6-03, 8-8-03, 8-15-03, 8-18-03, 8-20-03 and 8-22-03 in a letter dated September 23, 2004.

Based on review of the disputed issues within the request, the Medical Review Division dismissed the medical necessity request due to a withdrawal of medical necessity items by the requester. Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 10-06-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Regarding CPT Code 97110 for dates of service 7-28-03 through 8-22-03 which were denied by the carrier for G, C, or no EOB was provided: recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. **Additional reimbursement not recommended.**

Regarding the work hardening program for dates of service 10-01-03 through 10-03-03: no documentation concerning preauthorization was submitted. According to 134.600(h)(9) All work hardening programs will be subject to preauthorization after 12-31-03. **Additional reimbursement not recommended.**

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Finding and Decision is hereby issued this 26th day of October , 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division